
National Data Warehouse

NDW / NPIRS Data Transmission Guide

Using Non-HL7 Simplified Format

Version 2.2

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Contents

Version Control	iii
Overview	1
Contact Information	1
Export File Requirements	2
File Name Convention.....	2
Record Formats	3
Required Fields.....	3
Registration Export Required Fields.....	3
Encounter Export Required Fields	4
Valid Values	5
Accessing Standard Codes	6
Accessing the IHS Standard Code Book	6
Accessing Other IHS-specific Code Set Values.....	6
Accessing the National Standard Code Sets	6
ICD9 – International Classification of Diseases	6
CPT – Current Procedural Terminology	6
ADA – American Dental Association	6
CVX – Vaccines Administered	7
USPS State Abbreviations	7
Testing and Transmitting Export Files.....	7
Appendix A: Registration Export File Format	8
Appendix B: Encounter Export File Format	16
Appendix C: Other IHS-Specific Code Sets	29
Provider Affiliation Codes.....	29
Service Category Codes	29
State Codes Cross-Reference	30
Visit Exam Codes.....	32
Visit Type Codes	33
Appendix D: File Samples.....	34
Registration Data Example	34
Encounter Data Example	34



Version Control

Version	Date	Notes
1.0	January 2005	Initial version.
1.1	February 2005	Reformat, reorganize text; remove original appendixes C, D, change appendix E to C, F to D, include appendixes C, D in document; create tables of patient registration and encounter fields that are required to process and create reports.
2.0	May 2005	Reformat for NDW: Reorganize, rename sections; rewrite/update text; clarify fields required for processing and reporting with Note in Appendix A, B; updates to notes in Registration, Encounter export file format spreadsheets.
2.1	May 2005	Updated Overview and Required Fields Table
2.2	June 2005	Clarified “Required” fields in appendixes; re-formatted Encounter Export Required Fields and Registration Export Required Fields tables to clarify.

Overview

Although OIT/NPIRS has accepted data in many different formats in the past, requirements have been developed to help standardize data submission and processing procedures among the non-RPMS sites and the National Patient Information Reporting System (NPIRS) and its new, enhanced system design, the National Data Warehouse (NDW).

Health Level 7 (HL7), the industry-wide standard format for healthcare information, is the preferred method for data submission. HL7 was chosen as the preferred method of data submission because it is an industry standard for interoperability of clinical and patient information.

Besides the minimum elements required for basic reporting, such as Workload and User Population reports, the HL7 export format includes data elements that can be used to provide expanded reporting capabilities and analyses related to other health status needs and performance measurement activities, such as Diabetes Management, Epidemiology, GPRA, and JCAHO's ORYX.

An HL7 Guide that specifies the IHS requirements is available on the "[How do we export our data?](#)" web page of the IHS National Data Warehouse website:

www.ndw.ihs.gov

For those non-RPMS IHS sites that are currently unable to implement the HL7 standard, this document provides information on a simplified export file format that will enable you to send your data in a format that we can understand and load into the NDW. This format will allow us to provide basic reporting, such as your Workload and User Population reports; however, it cannot provide the expanded reporting capabilities and analyses that are possible with HL7.

Contact Information

For any questions related to implementing this simplified data export format, call or email the OIT Help Desk.

Phone: 1-888-830-7280

E-mail: npirshd@ihs.gov



Export File Requirements

OIT/NPIRS requires the following data export files:

- Patient Registration data
- Encounter/Visit data

Both export files use a fixed-length, space-delimited flat file format.

File Name Convention

Files of data conforming to the Simplified Format use the following file naming convention:

SF[R,V]xxxxxyyyyjjj

where

SF = File identification – Simplified Format

[R,V] = R(egistration) or V(isit)

xxxxxx = 6-character Area – Service Unit – Facility code (ASUFAC) for your site

yyyjjj = Date of transmission in year (yyyy) and Julian date (jjj) format

For example:

SFV1234562004005

This file name indicates a Simplified Format file, containing Visit data, from ASUFAC 123456, transmitted on January 5, 2004.

To eliminate the possibility of a transmitted file being overwritten when more than one file is transmitted on a given date, we recommend appending a number, starting with _02, to any additional files transmitted on the same day.

For example:

SFV1234562004005 1st file transmission on January 5, 2004

SFV1234562004005_02 2nd file transmission on January 5, 2004

SFV1234562004005_03 3rd file transmission on January 5, 2004



Record Formats

The physical layouts of the registration and encounter export data files are described in:

- Appendix A: Registration Export File Format
- Appendix B: Encounter Export File Format

Both appendixes contain Excel spreadsheets that display Field numbers, logical names, descriptions, lengths, required/optional status for processing, valid values, and formatting.

The registration and encounter export files use a fixed-length flat file format, where

- All fields are left-justified, space-filled character fields.
- The field delimiter is a space.

For data samples, see Appendix D.

Required Fields

The following tables list the patient registration export and encounter/visit export fields that are required to

- 1) Load and process the data
and
- 2) Create workload and userpop reports

Registration Export Required Fields

Field #	Patient Registration Export Field Name
1	Unique Registration ID
2	Registration Create Date
3	Date Last Modified
5	Registering Facility Code (ASUFAC)
6	Chart/Health Record Number
8	First Name (Required if no Middle Name is provided.)
9	Middle Name (Required if no First Name is provided.)
10	Last Name
12	Birth Date
15	Gender Code
16	Social Security Number
18	Beneficiary Classification Code
19	Tribe Code
20	Blood Quantum Code
21	Community of Residence Code



For the complete list of patient registration export fields, including field length, valid values, and format, see Appendix A: Registration Export File Format.

Encounter Export Required Fields

Field #	Encounter/Visit Export Field Name
1	Unique Visit Record ID
2	Registering Facility Code (ASUFAC)
3	Chart/Health Record Number
4	Birth Date
5	Gender Code
6	Social Security Number
7	Primary Tribe Code
8	Community of Residence Code
9	Beneficiary Classification Code
10	Visit Date/Admission Date
11	Location of Encounter (ASUFAC)
12	Type of Visit Code
13	Service Category Code
14	Clinic Code
15	Primary Provider Affiliation/Discipline (1)
20	Unique Registration ID
22	Data Entry Creation Date
23	Date Visit Last Modified (Required if record has been modified since last sent to NPIRS.)
24	Primary ICD9 Diagnosis Code (1)
25	Cause of Diagnosis (1)
26	Cause of Injury (1)
27	Place of Injury (1)
28	ICD9 Diagnosis Code (2)
32	ICD9 Diagnosis Code (3)
36	ICD9 Diagnosis Code (4)
40	ICD9 Diagnosis Code (5)
44	ICD9 Diagnosis Code (6)
48	ICD9 Diagnosis Code (7)
52	ICD9 Diagnosis Code (8)
56	ICD9 Diagnosis Code (9)
87	Admission Service Code
90	Number of Consults
91	Discharge Date
93	Discharge Type Code
94	Length of Stay
99	Number of Prescriptions
145	Dental Delivery Mode Code
147	American Dental Association Code (1)
148	American Dental Association Units (1)
150	American Dental Association Code (2)



Field #	Encounter/Visit Export Field Name
151	American Dental Association Units (2)
153	American Dental Association Code (3)
154	American Dental Association Units (3)
156	American Dental Association Code (4)
157	American Dental Association Units (4)
159	American Dental Association Code (5)
160	American Dental Association Units (5)
162	American Dental Association Code (6)
163	American Dental Association Units (6)
165	American Dental Association Code (7)
166	American Dental Association Units (7)
168	American Dental Association Code (8)
169	American Dental Association Units (8)
171	American Dental Association Code (9)
172	American Dental Association Units (9)
174	American Dental Association Code (10)
175	American Dental Association Units (10)
177	American Dental Association Code (11)
178	American Dental Association Units (11)
180	American Dental Association Code (12)
181	American Dental Association Units (12)
208	CHS Cost
209	CHS Vendor/Provider Type Code
210	Authorizing Facility (ASUFAC)
211	Authorization Number From Purchase Order

For the complete list of encounter/visit export fields, including field length, valid values, and format, see Appendix B: Encounter Export File Format.

Valid Values

There are four categories of valid values for fields:

- (1) Literal values, which are specified in the Registration and Encounter Export File Format spreadsheets; for example, Gender Code.
- (2) IHS Standard Code Book values
- (3) Other IHS-specific code set values, not included in the online IHS Standard Code Book.
- (4) National Standard Code Sets



Accessing Standard Codes

Accessing the IHS Standard Code Book

Access to the online IHS Standard Code Book Tables is available at this website:

<http://www.ihs.gov/CIO/scb/>

Accessing Other IHS-specific Code Set Values

See **Appendix C: Other IHS-Specific Code Sets** for the following IHS-specific code set values:

- Provider affiliation
- Service category
- State codes cross-reference
- Visit exam
- Visit type

Accessing the National Standard Code Sets

ICD9 – International Classification of Diseases

These codes are used to classify and categorize diagnoses and procedures. Many online sources of information exist, including:

<http://www.cms.hhs.gov/paymentsystems/icd9>

<http://www.cdc.gov/nchs/about/major/dvs/icd9des.htm>

CPT – Current Procedural Terminology

This code set is used to identify healthcare procedures, equipment, and supplies. More information can be found at:

<http://www.ama-assn.org/ama/pub/category/3113.html>

ADA – American Dental Association

Also known as CDT codes, these are used to classify dental diagnoses and procedures. This site may be useful:

<http://www.ada.org>



CVX – Vaccines Administered

This is the HL7 standard code set for immunizations, as maintained by the National Immunization Program (NIP). See:

<http://www.cdc.gov/nip/registry/hl7/hl7-cvx.htm>

USPS State Abbreviations

This is the United States Postal Service official list of abbreviations for states, territories.

http://www.usps.com/ncsc/lookups/usps_abbreviations.html

For cross-references between the USPS Abbreviation and the internal IHS State Code, see the State Codes Cross-Reference table in C: Other IHS-Specific Code Sets.

Testing and Transmitting Export Files

Before data can be accepted into NPIRS/NDW, it must be tested for validity and adherence to the file structures. Before production processing of your data exports can begin, you must send to us an initial “test” version of the Patient Registration and Encounter/Visit data export files.

When we receive your test Patient Registration data export file, we will process the file, note any problems, and work with you to resolve those problems. We will repeat the testing procedure with your test Encounter/Visit data export file. When all processing issues for both export files are resolved and testing results are satisfactory, production processing of your data exports can begin.

OIT/NPIRS will work with you to determine the best way to transmit your files, including where and how to send them.



Appendix A: Registration Export File Format

This appendix contains descriptions of the physical layout of the Encounter/Visit export file.

Logical field names shown in **bold** are the fields you must send so that we can 1) load and process your data and 2) produce your workload and UserPop reports.

Field Number	Logical Field Name	Short Description	Length	Valid Values	Format
1	UNIQUE REGISTRATION ID	Unique registration record ID generated by the source system. It is unique by registration record, not necessarily by patient, if a given patient has more than one registration record at the same facility or different facilities.	15	First 5 bytes = site/computer ID (assigned by IHS ABQ); last 10 bytes = ID number unique within site/computer)	5 digits + 10 digits right-justified and zero-filled.
2	REGISTRATION CREATE DATE	Date on which the registration record was created on the local system.	8		CCYYMMDD
3	DATE LAST MODIFIED	Date last modified by the local registration/encounter system.	8		CCYYMMDD
4	REGISTRATION STATUS CODE	Status of a patient registration record and all of its components; i.e., demographic states, charts, aliases, and insurance eligibilites. Examples of why registration might be Inactive: death of patient, registration consolidated with another for same patient. Examples of why registration might be deleted: entered in error, never a valid registration.	1	A=Active; I=Inactive; D=Deleted	
5	REGISTERING FACILITY CODE (ASUFAC)	Area-Service Unit-Facility code to designate the facility where the chart is located.	6	Area-Service Unit-Facility Codes SCB	
6	CHART/HEALTH RECORD NUMBER	Patient's Chart/Health Record Number (HRN) at the Registering Facility	6		
7	NAME TITLE/PREFIX	Title of the patient; e.g., Mr., Mrs., Dr., etc.	10		
8	FIRST NAME	First name of the patient.	30		

Field Number	Logical Field Name	Short Description	Length	Valid Values	Format
9	MIDDLE NAME	Middle name of the patient.	30		
10	LAST NAME	Last name of the patient.	30		
11	NAME SUFFIX	Suffix of patient's name; e.g., Sr., Jr., III, etc.	10		
12	BIRTH DATE	Patient's date of birth.	8		CCYYMMDD
13	DEATH DATE	Patient's date of death.	8		CCYYMMDD
14	ICD9 DIAGNOSIS CAUSE OF DEATH CODE	ICD-9 code for cause of death.	6	NSC	Include Decmal Point
15	GENDER CODE	Sex of patient as provided by the patient's registration information.	1	M = Male; F = Female; U = Unknown	
16	SOCIAL SECURITY NUMBER	Patient's Social Security Number.	9		
17	SSN PSEUDO CODE	Field used by the load process to determine if the SSN is actually a pseudo-ssn assigned by the facility. For those systems where an SSN is required but the real value is unknown, 'P' indicates that the SSN supplied is a place-holder only.	1	P = Pseudo; blank = Not pseudo	
18	BENEFICIARY CLASSIFICATION CODE	A category under which an individual can become eligible for IHS benefits.	2	Classification Codes SCB	
19	TRIBE CODE	Patient's Tribe of Membership code	3	Tribes - Numeric SCB	
20	BLOOD QUANTUM CODE	Code to designate whether the patient is American Indian/Alaska Native and, if so, to what degree.	1	Blood Quantum Codes SCB	
21	COMMUNITY OF RESIDENCE CODE	Code for the State/County/Community of Residence of the patient.	7	State-County-Community Codes SCB	STCTYCOM
22	COMMUNITY OF RESIDENCE START DATE	Date when the patient first moved to this community of residence.	8		CCYYMMDD
23	MAILING ADDRESS 1	First line of the street address portion of this patient's mailing address, P.O. box, or rural route address of the patient.	50		
24	CITY	City or town portion of this patient's mailing address.	30		
25	STATE ABBREVIATION CODE	Two-character United States Postal Service state code for this patient's mailing address.	2	NSC; State Codes Xref APP ("USPS Code" column)	
25	ZIP CODE	Zip code for this patient's mailing address.	5		

Field Number	Logical Field Name	Short Description	Length	Valid Values	Format
26	ZIP CODE EXTENSION	Zip code extension for this address, if available.	4		
27	FATHER'S FIRST NAME	Father's first name.	30		
28	FATHER'S MIDDLE NAME	Father's middle name.	30		
29	FATHER'S LAST NAME	Father's last name.	30		
30	MOTHER'S FIRST NAME	Mother's first name.	30		
31	MOTHER'S MIDDLE NAME	Mother's middle name.	30		
32	MOTHER'S MAIDEN LAST NAME	Mother's maiden last name.	30		
33	SERVICE ELIGIBILITY CODE	Code that specifies the types of services for which this patient was eligible. (Note: Native Americans cannot be coded as ineligible.)	1	C = CHS & Direct; I = ineligible; D = Direct only; P = Pending verification.	
34	VETERAN FLAG	Identifies a person who has previously served in the US military. Veterans generally receive special veterans' assistance for medical bills. Note: This flag indicates if the patient is a veteran. It is NOT intended to identify all patients who are eligible for veterans' benefits.	1	Y = Veteran; blank = Non-veteran	
35	INSURANCE CATEGORY CODE (1)	Type of eligibility .	3	MCD = Medicaid; MCR = Medicare; RRE = Railroad Retirement; PVT = Private Insurance	

Field Number	Logical Field Name	Short Description	Length	Valid Values	Format
36	COVERAGE TYPE CODE (1)	Type of third-party coverage for which the patient is eligible.	30	Depends on associated Insurance Category Code. If Insurance Category Code = MCR or RRE, valid values for this field = A (Medicare Part A) or B (Medicare Part B). If Insurance Category Code = MCD or PVT, any free text value is accepted.	
37	ELIGIBILITY START DATE (1)	Date that eligibility for the specific type of coverage begins. For Medicaid and Medicare, the eligibility date; for private insurance, the effective date.	8		CCYYMMDD
38	ELIGIBILITY END DATE (1)	For Medicaid and Medicare, the eligibility end date; for private insurance, the expiration date.	8		CCYYMMDD
39	POLICY NUMBER (1)	Policy number, including prefix and/or suffix, if any.	33		
40	INSURANCE COMPANY NAME (1)	Name of the Insurance company.	50		
41	INSURANCE COMPANY EMPLOYER ID (1)	Insurer's Employer Identification Number.	9		
42	STATE OF ELIGIBILITY (1)	Two-digit IHS-specific code designating state where patient is eligible. Applicable only for Medicaid.	2	State Codes SCB	
43	PLAN NAME (1)	Plan name for Medicaid coverage. Applicable only for Medicaid.	30		
44	POLICYHOLDER'S FIRST NAME (1)	First name of the insurance policy-holder.	30		
45	POLICYHOLDER'S MIDDLE NAME (1)	Middle name of the insurance policy-holder.	30		
46	POLICYHOLDERS' LAST NAME (1)	Last name of the insurance policy-holder.	30		
47	RELATIONSHIP TO INSURED (1)	Patient's relationship to the insured - applicable only for Medicaid and Private Insurance.	17		
48	INSURANCE CATEGORY CODE (2)	Type of eligibility .	3	MCD = Medicaid; MCR = Medicare; RRE = Railroad Retirement; PVT = Private Insurance	

Field Number	Logical Field Name	Short Description	Length	Valid Values	Format
49	COVERAGE TYPE CODE (2)	Type of third-party coverage for which the patient is eligible.	30	Depends on associated Insurance Category Code. If Insurance Category Code = MCR or RRE, valid values for this field = A (Medicare Part A) or B (Medicare Part B). If Insurance Category Code = MCD or PVT, any free text value is accepted.	
50	ELIGIBILITY START DATE (2)	Date that eligibility for the specific type of coverage begins. For Medicaid and Medicare, the eligibility date; for private insurance, the effective date.	8		CCYYMMDD
51	ELIGIBILITY END DATE (2)	For Medicaid and Medicare, the eligibility end date; for private insurance, the expiration date.	8		CCYYMMDD
52	POLICY NUMBER (2)	Policy number, including prefix and/or suffix, if any.	33		
53	INSURANCE COMPANY NAME (2)	Name of the Insurance company.	50		
54	INSURANCE COMPANY EMPLOYER ID (2)	Insurer's Employer Identification Number.	9		
55	STATE OF ELIGIBILITY (2)	Two-digit IHS-specific code designating state where patient is eligible. Applicable only for Medicaid.	2	State Codes SCB	
56	PLAN NAME (2)	Plan name for Medicaid coverage. Applicable only for Medicaid.	30		
57	POLICYHOLDER'S FIRST NAME (2)	First name of the insurance policy-holder.	30		
58	POLICYHOLDER'S MIDDLE NAME (2)	Middle name of the insurance policy-holder.	30		
59	POLICYHOLDERS' LAST NAME (2)	Last name of the insurance policy-holder.	30		
60	RELATIONSHIP TO INSURED (2)	Patient's relationship to the insured - applicable only for Medicaid and Private Insurance.	17		
61	INSURANCE CATEGORY CODE (3)	Type of eligibility .	3	MCD = Medicaid; MCR = Medicare; RRE = Railroad Retirement; PVT = Private Insurance	

Field Number	Logical Field Name	Short Description	Length	Valid Values	Format
62	COVERAGE TYPE CODE (3)	Type of third-party coverage for which the patient is eligible.	30	Depends on associated Insurance Category Code. If Insurance Category Code = MCR or RRE, valid values for this field = A (Medicare Part A) or B (Medicare Part B). If Insurance Category Code = MCD or PVT, any free text value is accepted.	
63	ELIGIBILITY START DATE (3)	Date that eligibility for the specific type of coverage begins. For Medicaid and Medicare, the eligibility date; for private insurance, the effective date.	8		CCYYMMDD
64	ELIGIBILITY END DATE (3)	For Medicaid and Medicare, the eligibility end date; for private insurance, the expiration date.	8		CCYYMMDD
65	POLICY NUMBER (3)	Policy number, including prefix and/or suffix, if any.	33		
66	INSURANCE COMPANY NAME (3)	Name of the Insurance company.	50		
67	INSURANCE COMPANY EMPLOYER ID (3)	Insurer's Employer Identification Number.	9		
68	STATE OF ELIGIBILITY (3)	Two-digit IHS-specific code designating state where patient is eligible. Applicable only for Medicaid.	2	State Codes SCB	
69	PLAN NAME (3)	Plan name for Medicaid coverage. Applicable only for Medicaid.	30		
70	POLICYHOLDER'S FIRST NAME (3)	First name of the insurance policy-holder.	30		
71	POLICYHOLDER'S MIDDLE NAME (3)	Middle name of the insurance policy-holder.	30		
72	POLICYHOLDERS' LAST NAME (3)	Last name of the insurance policy-holder.	30		
73	RELATIONSHIP TO INSURED (3)	Patient's relationship to the insured - applicable only for Medicaid and Private Insurance.	17		
74	INSURANCE CATEGORY CODE (4)	Type of eligibility .	3	MCD = Medicaid; MCR = Medicare; RRE = Railroad Retirement; PVT = Private Insurance	

Field Number	Logical Field Name	Short Description	Length	Valid Values	Format
75	COVERAGE TYPE CODE (4)	Type of third-party coverage for which the patient is eligible.	30	Depends on associated Insurance Category Code. If Insurance Category Code = MCR or RRE, valid values for this field = A (Medicare Part A) or B (Medicare Part B). If Insurance Category Code = MCD or PVT, any free text value is accepted.	
76	ELIGIBILITY START DATE (4)	Date that eligibility for the specific type of coverage begins. For Medicaid and Medicare, the eligibility date; for private insurance, the effective date.	8		CCYYMMDD
77	ELIGIBILITY END DATE (4)	For Medicaid and Medicare, the eligibility end date; for private insurance, the expiration date.	8		CCYYMMDD
78	POLICY NUMBER (4)	Policy number, including prefix and/or suffix, if any.	33		
79	INSURANCE COMPANY NAME (4)	Name of the Insurance company.	50		
80	INSURANCE COMPANY EMPLOYER ID (4)	Insurer's Employer Identification Number.	9		
81	STATE OF ELIGIBILITY (4)	Two-digit IHS-specific code designating state where patient is eligible. Applicable only for Medicaid.	2	State Codes SCB	
82	PLAN NAME (4)	Plan name for Medicaid coverage. Applicable only for Medicaid.	30		
83	POLICYHOLDER'S FIRST NAME (4)	First name of the insurance policy-holder.	30		
84	POLICYHOLDER'S MIDDLE NAME (4)	Middle name of the insurance policy-holder.	30		
85	POLICYHOLDERS' LAST NAME (4)	Last name of the insurance policy-holder.	30		
86	RELATIONSHIP TO INSURED (4)	Patient's relationship to the insured - applicable only for Medicaid and Private Insurance.	17		
87	INSURANCE CATEGORY CODE (5)	Type of eligibility .	3	MCD = Medicaid; MCR = Medicare; RRE = Railroad Retirement; PVT = Private Insurance	

Field Number	Logical Field Name	Short Description	Length	Valid Values	Format
88	COVERAGE TYPE CODE (5)	Type of third-party coverage for which the patient is eligible.	30	Depends on associated Insurance Category Code. If Insurance Category Code = MCR or RRE, valid values for this field = A (Medicare Part A) or B (Medicare Part B). If Insurance Category Code = MCD or PVT, any free text value is accepted.	
89	ELIGIBILITY START DATE (5)	Date that eligibility for the specific type of coverage begins. For Medicaid and Medicare, the eligibility date; for private insurance, the effective date.	8		CCYYMMDD
90	ELIGIBILITY END DATE (5)	For Medicaid and Medicare, the eligibility end date; for private insurance, the expiration date.	8		CCYYMMDD
91	POLICY NUMBER (5)	Policy number, including prefix and/or suffix, if any.	33		
92	INSURANCE COMPANY NAME (5)	Name of the Insurance company.	50		
93	INSURANCE COMPANY EMPLOYER ID (5)	Insurer's Employer Identification Number.	9		
94	STATE OF ELIGIBILITY (5)	Two-digit IHS-specific code designating state where patient is eligible. Applicable only for Medicaid.	2	State Codes SCB	
95	PLAN NAME (5)	Plan name for Medicaid coverage. Applicable only for Medicaid.	30		
96	POLICYHOLDER'S FIRST NAME (5)	First name of the insurance policy-holder.	30		
97	POLICYHOLDER'S MIDDLE NAME (5)	Middle name of the insurance policy-holder.	30		
98	POLICYHOLDERS' LAST NAME (5)	Last name of the insurance policy-holder.	30		
99	RELATIONSHIP TO INSURED (5)	Patient's relationship to the insured - applicable only for Medicaid and Private Insurance.	17		

Appendix B: Encounter Export File Format

This appendix contains descriptions of the physical layout of the Encounter/Visit export file in an Excel spreadsheet.

Logical field names shown in **bold** are the fields you must send so that we can 1) load and process your data and 2) produce your workload and UserPop reports.

Field Number	Logical Field Name	Short Description	Max Length	Valid Values	Format
1	UNIQUE VISIT RECORD ID	Concatenation of Site Identifier and Unique Visit ID within site.	15	First 5 bytes = site/computer ID (assigned by IHS ABQ); last 10 bytes = ID number unique within site/computer)	5 digits + 10 digits right-justified and zero-filled.
2	REGISTERING FACILITY CODE (ASUFAC)	Area-Service Unit-Facility Code (ASUFAC) to designate the facility where the chart is located.	6	Area-Service Unit-Facility Codes SCB	
3	CHART/HEALTH RECORD NUMBER	Patient's Chart/Health Record Number (HRN) at the Registering Facility	6		
4	BIRTH DATE	Patient's Date of Birth.	8		CCYYMMDD
5	GENDER CODE	Sex of Patient.	1	M=Male; F=Female; U=Unknown	
6	SOCIAL SECURITY NUMBER	Patient's Social Security Number.	9		
7	PRIMARY TRIBE CODE	Patient's Tribe of Membership code	3	Tribes-Numeric SCB	
8	COMMUNITY OF RESIDENCE CODE	Code for the State/County/Community of Residence of the Patient.	7	State-County-Community Codes SCB	STCTYCOM
9	BENEFICIARY CLASSIFICATION CODE	A category under which an individual can become eligible for IHS benefits.	2	Classification Codes SCB	
10	VISIT DATE/ADMISSION DATE	Date of Visit or Admission Date.	8		CCYYMMDD

Field Number	Logical Field Name	Short Description	Max Length	Valid Values	Format
11	LOCATION OF ENCOUNTER (ASUFAC)	Area-Service Unit-Facility Code (ASUFAC) to designate facility where encounter took place.	6	Area-Service Unit-Facility Codes SCB	
12	TYPE OF VISIT CODE	Type of Visit (Contract, IHS, 638, etc.)	1	Visit Type Codes APP	
13	SERVICE CATEGORY CODE	Category of Service provided to Patient (e.g., Hospital, Chart Review).	2	Service Category Codes APP	
14	CLINIC CODE	The type of clinic at which the Patient was seen within the facility.	2	Clinic Codes SCB	
15	PRIMARY PROVIDER AFFILIATION/DISCIPLINE (1)	First provider's affiliation code (1st character) and discipline code (last 2 characters).	3	Provider Affiliation Codes APP; Services Rendered By (Provider Codes) SCB	
16	OTHER PROVIDER AFFILIATION/DISCIPLINE (2)	Second provider's affiliation code (1st character) and discipline code (last 2 characters).	3	Provider Affiliation Codes APP; Services Rendered By (Provider Codes) SCB	
17	OTHER PROVIDER AFFILIATION/DISCIPLINE (3)	Third provider's affiliation code (1st character) and discipline code (last 2 characters).	3	Provider Affiliation Codes APP; Services Rendered By (Provider Codes) SCB	
18	OTHER PROVIDER AFFILIATION/DISCIPLINE (4)	Fourth provider's affiliation code (1st character) and discipline code (last 2 characters).	3	Provider Affiliation Codes APP; Services Rendered By (Provider Codes) SCB	
19	OTHER PROVIDER AFFILIATION/DISCIPLINE (5)	Fifth provider's affiliation code (1st character) and discipline code (last 2 characters).	3	Provider Affiliation Codes APP; Services Rendered By (Provider Codes) SCB	

Field Number	Logical Field Name	Short Description	Max Length	Valid Values	Format
20	UNIQUE REGISTRATION ID	Unique registration record ID generated by the source system. It is unique by registration record, not necessarily by patient, if a given patient has more than one registration record at the same facility or different facilities.	1 5	First 5 bytes = site/computer ID (assigned by IHS ABQ); last 10 bytes = ID number unique within site/computer)	5 digits + 10 digits right-justified and zero-filled.
21	DELETE RECORD FLAG	Flag indicating whether record should be deleted.	1	Y/N	
22	DATA ENTRY CREATION DATE	Date record was originally created.	8		CCYYMMDD
23	DATE VISIT LAST MODIFIED	Date visit record was last modified.	8		CCYYMMDD
24	PRIMARY ICD9 DIAGNOSIS CODE (1)	Primary ICD9 Diagnosis code	6	NSC	Include Decimal Point
25	CAUSE OF DIAGNOSIS (1)	Code for Cause of Diagnosis (1)	1	Injury Diagnosis Cause Codes APP	
26	CAUSE OF INJURY (1)	Code for cause of an External Injury, if Diagnosis (1) is an injury (800-999.8)	6	NSC; Cause of Injury Code (External Cause) SCB	Include Decimal Point
27	PLACE OF INJURY (1)	Valid code for a Place of Injury, if Diagnosis (1) is an injury	1	Place of Injury Codes SCB	
28	ICD9 DIAGNOSIS CODE (2)	ICD9 Diagnosis code (2)	6	NSC	Include Decimal Point
29	CAUSE OF DIAGNOSIS (2)	Cause of diagnosis (2)	1	Injury Diagnosis Cause Codes APP	
30	CAUSE OF INJURY (2)	Valid code for an External Injury, if Diagnosis (2) is an injury.	6	NSC; Cause of Injury Code (External Cause) SCB	Include Decimal Point
31	PLACE OF INJURY (2)	Valid code for a Place of Injury, if Diagnosis (2) is an injury	1	Place of Injury Codes SCB	
32	ICD9 DIAGNOSIS CODE (3)	ICD9 Diagnosis code (3)	6	NSC	Include Decimal Point
33	CAUSE OF DIAGNOSIS (3)	Cause of diagnosis (3)	1	Injury Diagnosis Cause Codes APP	
34	CAUSE OF INJURY (3)	Valid code for an External Injury, if Diagnosis (3) is an injury.	6	NSC; Cause of Injury Code (External Cause) SCB	Include Decimal Point

Field Number	Logical Field Name	Short Description	Max Length	Valid Values	Format
35	PLACE OF INJURY (3)	Valid code for a Place of Injury code, if Diagnosis (3) is an injury	1	Place of Injury Codes SCB	
36	ICD9 DIAGNOSIS CODE (4)	ICD9 Diagnosis code (4)	6	NSC	Include Decimal Point
37	CAUSE OF DIAGNOSIS (4)	Cause of diagnosis (4)	1	Injury Diagnosis Cause Codes APP	
38	CAUSE OF INJURY (4)	Valid code for an External Injury, if Diagnosis (4) is an injury.	6	NSC; Cause of Injury Code (External Cause) SCB	Include Decimal Point
39	PLACE OF INJURY (4)	Valid code for a Place of Injury code, if Diagnosis (4) is an injury	1	Place of Injury Codes SCB	
40	ICD9 DIAGNOSIS CODE (5)	ICD9 Diagnosis code (5)	6	NSC	Include Decimal Point
41	CAUSE OF DIAGNOSIS (5)	Cause of diagnosis (5)	1	Injury Diagnosis Cause Codes APP	
42	CAUSE OF INJURY (5)	Valid code for an External Injury, if Diagnosis (5) is an injury.	6	NSC; Cause of Injury Code (External Cause) SCB	Include Decimal Point
43	PLACE OF INJURY (5)	Valid code for a Place of Injury, if Diagnosis (5) is an injury	1	Place of Injury Codes SCB	
44	ICD9 DIAGNOSIS CODE (6)	ICD9 Diagnosis code (6)	6	NSC	Include Decimal Point
45	CAUSE OF DIAGNOSIS (6)	Cause of diagnosis (6)	1	Injury Diagnosis Cause Codes APP	
46	CAUSE OF INJURY (6)	Valid code for an External Injury, if Diagnosis (6) is an injury.	6	NSC; Cause of Injury Code (External Cause) SCB	Include Decimal Point
47	PLACE OF INJURY (6)	Valid code for a Place of Injury, if Diagnosis (6) is an injury	1	Place of Injury Codes SCB	
48	ICD9 DIAGNOSIS CODE (7)	ICD9 Diagnosis code (7)	6	NSC	Include Decimal Point
49	CAUSE OF DIAGNOSIS (7)	Cause of diagnosis (7)	1	Injury Diagnosis Cause Codes APP	

Field Number	Logical Field Name	Short Description	Max Length	Valid Values	Format
50	CAUSE OF INJURY (7)	Valid code for an External Injury, if Diagnosis (7) is an injury.	6	NSC; Cause of Injury Code (External Cause) SCB	Include Decimal Point
51	PLACE OF INJURY (7)	Valid code for a Place of Injury, if Diagnosis (7) is an injury	1	Place of Injury Codes SCB	
52	ICD9 DIAGNOSIS CODE (8)	ICD9 Diagnosis code (8)	6	NSC	Include Decimal Point
53	CAUSE OF DIAGNOSIS (8)	Cause of diagnosis (8)	1	Injury Diagnosis Cause Codes APP	
54	CAUSE OF INJURY (8)	Valid code for an External Injury, if Diagnosis (8) is an injury.	6	NSC; Cause of Injury Code (External Cause) SCB	Include Decimal Point
55	PLACE OF INJURY (8)	Valid code for a Place of Injury, if Diagnosis (8) is an injury	1	Place of Injury Codes SCB	
56	ICD9 DIAGNOSIS CODE (9)	ICD9 Diagnosis code (9)	6	NSC	Include Decimal Point
57	CAUSE OF DIAGNOSIS (9)	Cause of diagnosis (9)	1	Injury Diagnosis Cause Codes APP	
58	CAUSE OF INJURY (9)	Valid code for an External Injury, if Diagnosis (9) is an injury.	6	NSC; Cause of Injury Code (External Cause) SCB	Include Decimal Point
59	PLACE OF INJURY (9)	Valid Code for Place of Injury, if Diagnosis (9) is an injury	1	Place of Injury Codes SCB	
60	ICD9 DIAGNOSIS CODE (10)	ICD9 Diagnosis code (10)	6	NSC	Include Decimal Point
61	CAUSE OF DIAGNOSIS (10)	Cause of diagnosis (10)	1	Injury Diagnosis Cause Codes APP	
62	CAUSE OF INJURY (10)	Valid code for an External Injury, if Diagnosis (10) is an injury.	6	NSC; Cause of Injury Code (External Cause) SCB	Include Decimal Point
63	PLACE OF INJURY (10)	Valid code for a Place of injury, if Diagnosis (10) is an injury	1	Place of Injury Codes SCB	
64	ICD9 DIAGNOSIS CODE (11)	ICD9 Diagnosis code (11)	6	NSC	Include Decimal Point

Field Number	Logical Field Name	Short Description	Max Length	Valid Values	Format
65	CAUSE OF DIAGNOSIS (11)	Cause of diagnosis (11)	1	Injury Diagnosis Cause Codes APP	
66	CAUSE OF INJURY (11)	Valid code for an External Injury, if Diagnosis (11) is an injury.	6	NSC; Cause of Injury Code (External Cause) SCB	Include Decimal Point
67	PLACE OF INJURY (11)	Valid Code for Place of Injury, if Diagnosis (11) is an injury	1	Place of Injury Codes SCB	
68	ICD9 DIAGNOSIS CODE (12)	ICD9 Diagnosis code (12)	6	NSC	Include Decimal Point
69	CAUSE OF DIAGNOSIS (12)	Cause of diagnosis (12)	1	Injury Diagnosis Cause Codes APP	
70	CAUSE OF INJURY (12)	Valid code for an External Injury, if Diagnosis (12) is an injury.	6	NSC; Cause of Injury Code (External Cause) SCB	Include Decimal Point
71	PLACE OF INJURY (12)	Valid code for a Place of Injury, if Diagnosis (12) is an injury	1	Place of Injury Codes SCB	
72	ICD9 DIAGNOSIS CODE (13)	ICD9 Diagnosis code (13)	6	NSC	Include Decimal Point
73	CAUSE OF DIAGNOSIS (13)	Cause of diagnosis (13)	1	Injury Diagnosis Cause Codes APP	
74	CAUSE OF INJURY (13)	Valid code for an External Injury, if Diagnosis (13) is an injury.	6	NSC; Cause of Injury Code (External Cause) SCB	Include Decimal Point
75	PLACE OF INJURY (13)	Valid code for a Place of injury, if Diagnosis (13) is an injury	1	Place of Injury Codes SCB	
76	ICD9 DIAGNOSIS CODE (14)	ICD9 Diagnosis code (14)	6	NSC	Include Decimal Point
77	CAUSE OF DIAGNOSIS (14)	Cause of diagnosis (14)	1	Injury Diagnosis Cause Codes APP	
78	CAUSE OF INJURY (14)	Valid code for an External Injury, if Diagnosis (14) is an injury.	6	NSC; Cause of Injury Code (External Cause) SCB	Include Decimal Point
79	PLACE OF INJURY (14)	Valid code for a Place of injury, if Diagnosis (14) is an injury	1	Place of Injury Codes SCB	

Field Number	Logical Field Name	Short Description	Max Length	Valid Values	Format
80	ICD9 DIAGNOSIS CODE (15)	ICD9 Diagnosis code (15)	6	NSC	Include Decimal Point
81	CAUSE OF DIAGNOSIS (15)	Cause of diagnosis (15)	1	Injury Diagnosis Cause Codes APP	
82	CAUSE OF INJURY (15)	Valid code for an External Injury, if Diagnosis (15) is an injury.	6	NSC; Cause of Injury Code (External Cause) SCB	Include Decimal Point
83	PLACE OF INJURY (15)	Valid code for a Place of Injury, if Diagnosis 15 is an injury	1	Place of Injury Codes SCB	
84	ICD9 PROCEDURE CODE (1)	ICD9 operation (surgical) procedure code (1)	5	NSC	Include Decimal Point
85	ICD9 PROCEDURE CODE (2)	ICD9 operation (surgical) procedure code (2)	5	NSC	Include Decimal Point
86	ICD9 PROCEDURE CODE (3)	ICD9 operation (surgical) procedure code (3)	5	NSC	Include Decimal Point
87	ADMISSION SERVICE CODE	Admitting service (2-digit IHS Code)	2	Clinical Service Codes SCB	
88	ADMISSION TYPE CODE	Code to indicate by what process/means an Inpatient was admitted (e.g., Transfer, Own Volition)	1	Admission Codes SCB	
89	ICD9 DIAGNOSIS CAUSE OF DEATH CODE	ICD-9 code for cause of death.	6	NSC	Include Decimal Point
90	NUMBER OF CONSULTS	Number of consults during an inpatient stay.	3		
91	DISCHARGE DATE	Discharge date.	8		CCYYMMDD
92	DISCHARGE SERVICE CODE	From Standard Treating Specialty table.	2	Clinical Service Codes SCB	
93	DISCHARGE TYPE CODE	IHS standard code for discharge.	1	Inpatient Disposition Codes APP	
94	LENGTH OF STAY	Length of stay.	3		
95	ACTIVITY TIME	Activity time in minutes	4		
96	TRAVEL TIME	Travel time in minutes	4		
97	PHN ACTIVITY CODE	Activity Code used for Public Health Nursing reporting.	2	01 = Home; 02 = Other; 03 = Patient Not Found	

Field Number	Logical Field Name	Short Description	Max Length	Valid Values	Format
98	PHN LEVEL OF INTERVENTION	Level of Intervention code used for Public Health Nursing reporting	1	P = Primary; S = Secondary; T = Tertiary	
99	NUMBER OF PRESCRIPTIONS	Number of prescriptions filled.	2		
100	LAST MENSTRUAL PERIOD DATE	Date of last menstrual period.	8		CCYYMMDD
101	LAST MENSTRUAL PERIOD NOTED DATE	Date last menstrual period noted.	8		CCYYMMDD
102	HGBA1C VALUE	If done, HGB A1C result	6		
103	HYPERTENSION DOCUMENTED FLAG	If hypertension (HTN) was ever documented as a Purpose Of Visit (POV).	1	Y/N	
104	DATE HYPERTENSION LAST DOCUMENTED	Date HTN last documented as a POV	8		CCYYMMDD
105	BLOOD PRESSURE SYSTOLIC	Systolic Blood Pressure result	3		
106	BLOOD PRESSURE DIASTOLIC	Diastolic Blood Pressure result	3		
107	ACE INHIBITOR FILLED FLAG	Was an Ace Inhibitor filled at our pharmacy for this patient, this visit?	1	Y/N	
108	DM NUTRITION EDUCATION DONE FLAG	Was nutrition education for DM (diabetes mellitus) done?	1	Y/N	
109	DISPOSITION ER VISIT CODE	Disposition code for ER visit.	1	APC Disposition Codes APP	
110	WEIGHT	Weight in pounds if taken on this visit.	5		999.9
111	HEIGHT	Height in inches if taken on this visit	4		99.9
112	PAP TEST DOCUMENTED FLAG	Was Pap lab test documented in V LAB?	1	Y/N	
113	GLUCOSE VALUE	Value of Glucose test done on the visit	1 5		
114	HDL CHOLESTEROL TEST FLAG	Was HDL Cholesterol test performed?	1	Y/N	
115	HDL CHOLESTEROL VALUE	Value of HDL Cholesterol test	1 5		
116	LDL CHOLESTEROL TEST FLAG	Was LDL Cholesterol test performed?	1	Y/N	
117	LDL CHOLESTEROL VALUE	Value of LDL Cholesterol test	1 5		
118	TRYGLICERIDE TEST FLAG	Was Triglyceride test performed?	1	Y/N	
119	TRYGLICERIDE VALUE	Value of Triglyceride test	1 5		
120	URINE PROTEIN TEST FLAG	Was Urine Protein test performed?	1	Y/N	
121	URINE PROTEIN VALUE	Value of Urine Protein test	1 5		
122	MICROALBUMINURIA TEST FLAG	Was Microalbuminuria test performed?	1	Y/N	
123	MICROALBUMINURIA VALUE	Value of Microalbuminuria test	1 5		

Field Number	Logical Field Name	Short Description	Max Length	Valid Values	Format
124	PSA TEST FLAG	Was PSA Test done?	1	Y/N	
125	VISIT EXAM CODE (1)	Visit Exam/Measurement #1 code	2	Visit Exam Codes APP	
126	VISIT EXAM CODE (2)	Visit Exam/Measurement #2 code	2	Visit Exam Codes APP	
127	VISIT EXAM CODE (3)	Visit Exam/Measurement #3 code	2	Visit Exam Codes APP	
128	VISIT EXAM CODE (4)	Visit Exam/Measurement #4 code	2	Visit Exam Codes APP	
129	VISIT EXAM CODE (5)	Visit Exam/Measurement #5 code	2	Visit Exam Codes APP	
130	PATIENT EDUCATION CODE (1)	Patient Education Topic #1	1 2	Patient Education Protocols (Education Topics) SCB (Mnemonic)	
131	PATIENT EDUCATION CODE (2)	Patient Education Topic #2	1 2	Patient Education Protocols (Education Topics) SCB (Mnemonic)	
132	PATIENT EDUCATION CODE (3)	Patient Education Topic #3	1 2	Patient Education Protocols (Education Topics) SCB (Mnemonic)	
133	PATIENT EDUCATION CODE (4)	Patient Education Topic #4	1 2	Patient Education Protocols (Education Topics) SCB (Mnemonic)	
134	PATIENT EDUCATION CODE (5)	Patient Education Topic #5	1 2	Patient Education Protocols (Education Topics) SCB (Mnemonic)	
135	CVX IMMUNIZATION CODE (1)	HL7 (CVX) Immunization code (1)	3	NSC	
136	CVX IMMUNIZATION CODE (2)	HL7 (CVX) Immunization code (2)	3	NSC	
137	CVX IMMUNIZATION CODE (3)	HL7 (CVX) Immunization code (3)	3	NSC	
138	CVX IMMUNIZATION CODE (4)	HL7 (CVX) Immunization code (4)	3	NSC	
139	CVX IMMUNIZATION CODE (5)	HL7 (CVX) Immunization code (5)	3	NSC	
140	CVX IMMUNIZATION CODE (6)	HL7 (CVX) Immunization code (6)	3	NSC	
141	CVX IMMUNIZATION CODE (7)	HL7 (CVX) Immunization code (7)	3	NSC	

Field Number	Logical Field Name	Short Description	Max Length	Valid Values	Format
142	CVX IMMUNIZATION CODE (8)	HL7 (CVX) Immunization code (8)	3	NSC	
143	CVX IMMUNIZATION CODE (9)	HL7 (CVX) Immunization code (9)	3	NSC	
144	DENTIST'S SOCIAL SECURITY NUMBER	SSN of dentist	9		
145	DENTAL DELIVERY MODE CODE	Dental delivery mode.	1	K = Contract; D = Direct	
146	DENTAL TOTAL COST	Dental cost. 0-99999999 rounded to nearest dollar.	7		
147	AMERICAN DENTAL ASSOCIATION CODE (1)	American Dental Association code that designates the type of dental service provided during this encounter. Officially known as CDT codes.	4	NSC	All digits, no leading "D".
148	AMERICAN DENTAL ASSOCIATION UNITS (1)	Number of the services identified by the ADA code that were delivered (e.g., if the ADA code is for tooth extraction and the ADA units are "3," that means three teeth were extracted).	2	NSC	
149	AMERICAN DENTAL ASSOCIATION FEE (1)	Fee for this ADA Code rounded to the nearest dollar.	5		
150	AMERICAN DENTAL ASSOCIATION CODE (2)	ADA Code (2) (See ADA Code (1) for more info, ditto all following ADA Codes, Units, and Fees.)	4	NSC	All digits, no leading "D".
151	AMERICAN DENTAL ASSOCIATION UNITS (2)	ADA Units (2)	2	NSC	
152	AMERICAN DENTAL ASSOCIATION FEE (2)	ADA Fee (2)	5		
153	AMERICAN DENTAL ASSOCIATION CODE (3)	ADA Code (3)	4	NSC	All digits, no leading "D".
154	AMERICAN DENTAL ASSOCIATION UNITS (3)	ADA Units (3)	2	NSC	
155	AMERICAN DENTAL ASSOCIATION FEE (3)	ADA Fee (3)	5		
156	AMERICAN DENTAL ASSOCIATION CODE (4)	ADA Code (4)	4	NSC	All digits, no leading "D".
157	AMERICAN DENTAL ASSOCIATION UNITS (4)	ADA Units (4)	2	NSC	
158	AMERICAN DENTAL ASSOCIATION FEE (4)	ADA Fee (4)	5		
159	AMERICAN DENTAL ASSOCIATION CODE (5)	ADA Code (5)	4	NSC	All digits, no leading "D".
160	AMERICAN DENTAL ASSOCIATION UNITS (5)	ADA Units (5)	2	NSC	
161	AMERICAN DENTAL ASSOCIATION FEE (5)	ADA Fee (5)	5		
162	AMERICAN DENTAL ASSOCIATION CODE (6)	ADA Code (6)	4	NSC	All digits, no leading "D".
163	AMERICAN DENTAL ASSOCIATION UNITS (6)	ADA Units (6)	2	NSC	
164	AMERICAN DENTAL ASSOCIATION FEE (6)	ADA Fee (6)	5		
165	AMERICAN DENTAL ASSOCIATION CODE (7)	ADA Code (7)	4	NSC	All digits, no leading "D".
166	AMERICAN DENTAL ASSOCIATION UNITS (7)	ADA Units (7)	2	NSC	

Field Number	Logical Field Name	Short Description	Max Length	Valid Values	Format
167	AMERICAN DENTAL ASSOCIATION FEE (7)	ADA Fee (7)	5		
168	AMERICAN DENTAL ASSOCIATION CODE (8)	ADA Code (8)	4	NSC	All digits, no leading "D".
169	AMERICAN DENTAL ASSOCIATION UNITS (8)	ADA Units (8)	2	NSC	
170	AMERICAN DENTAL ASSOCIATION FEE (8)	ADA Fee (8)	5		
171	AMERICAN DENTAL ASSOCIATION CODE (9)	ADA Code (9)	4	NSC	All digits, no leading "D".
172	AMERICAN DENTAL ASSOCIATION UNITS (9)	ADA Units (9)	2	NSC	
173	AMERICAN DENTAL ASSOCIATION FEE (9)	ADA Fee (9)	5		
174	AMERICAN DENTAL ASSOCIATION CODE (10)	ADA Code (10)	4	NSC	All digits, no leading "D".
175	AMERICAN DENTAL ASSOCIATION UNITS (10)	ADA Units (10)	2	NSC	
176	AMERICAN DENTAL ASSOCIATION FEE (10)	ADA Fee (10)	5		
177	AMERICAN DENTAL ASSOCIATION CODE (11)	ADA Code (11)	4	NSC	All digits, no leading "D".
178	AMERICAN DENTAL ASSOCIATION UNITS (11)	ADA Units (11)	2	NSC	
179	AMERICAN DENTAL ASSOCIATION FEE (11)	ADA Fee (11)	5		
180	AMERICAN DENTAL ASSOCIATION CODE (12)	ADA Code (12)	4	NSC	All digits, no leading "D".
181	AMERICAN DENTAL ASSOCIATION UNITS (12)	ADA Units (12)	2	NSC	
182	AMERICAN DENTAL ASSOCIATION FEE (12)	ADA Fee (12)	5		
183	AMERICAN DENTAL ASSOCIATION CODE (13)	ADA Code (13)	4	NSC	All digits, no leading "D".
184	AMERICAN DENTAL ASSOCIATION UNITS (13)	ADA Units (13)	2	NSC	
185	AMERICAN DENTAL ASSOCIATION FEE (13)	ADA Fee (13)	5		
186	AMERICAN DENTAL ASSOCIATION CODE (14)	ADA Code (14)	4	NSC	All digits, no leading "D".
187	AMERICAN DENTAL ASSOCIATION UNITS (14)	ADA Units (14)	2	NSC	
188	AMERICAN DENTAL ASSOCIATION FEE (14)	ADA Fee (14)	5		
189	AMERICAN DENTAL ASSOCIATION CODE (15)	ADA Code (15)	4	NSC	All digits, no leading "D".
190	AMERICAN DENTAL ASSOCIATION UNITS (15)	ADA Units (15)	2	NSC	
191	AMERICAN DENTAL ASSOCIATION FEE (15)	ADA Fee (15)	5		
192	AMERICAN DENTAL ASSOCIATION CODE (16)	ADA Code (16)	4	NSC	All digits, no leading "D".
193	AMERICAN DENTAL ASSOCIATION UNITS (16)	ADA Units (16)	2	NSC	
194	AMERICAN DENTAL ASSOCIATION FEE (16)	ADA Fee (16)	5		

Field Number	Logical Field Name	Short Description	Max Length	Valid Values	Format
195	AMERICAN DENTAL ASSOCIATION CODE (17)	ADA Code (17)	4	NSC	All digits, no leading "D".
196	AMERICAN DENTAL ASSOCIATION UNITS (17)	ADA Units (17)	2	NSC	
197	AMERICAN DENTAL ASSOCIATION FEE (17)	ADA Fee (17)	5		
198	AMERICAN DENTAL ASSOCIATION CODE (18)	ADA Code (18)	4	NSC	All digits, no leading "D".
199	AMERICAN DENTAL ASSOCIATION UNITS (18)	ADA Units (18)	2	NSC	
200	AMERICAN DENTAL ASSOCIATION FEE (18)	ADA Fee (18)	5		
201	AMERICAN DENTAL ASSOCIATION CODE (19)	ADA Code (19)	4	NSC	All digits, no leading "D".
202	AMERICAN DENTAL ASSOCIATION UNITS (19)	ADA Units (19)	2	NSC	
203	AMERICAN DENTAL ASSOCIATION FEE (19)	ADA Fee (19)	5		
204	AMERICAN DENTAL ASSOCIATION CODE (20)	ADA Code (20)	4	NSC	All digits, no leading "D".
205	AMERICAN DENTAL ASSOCIATION UNITS (20)	ADA Units (20)	2	NSC	
206	AMERICAN DENTAL ASSOCIATION FEE (20)	ADA Fee (20)	5		
207	DENTAL INDIAN STATUS	Patient's Indian status for Dental visit.	1	I = Indian; O = Non-Indian	
208	CHS COST	For CHS visits, total cost information.	9		999999.99
209	CHS VENDOR/PROVIDER TYPE CODE	Vendor (CHS Provider) type	2	CHS Provider (Vendor) Type Codes APP	
210	AUTHORIZING FACILITY (ASUFAC)	Area-Service Unit-Facility Code (ASUFAC) of Authorizing Facility	6	Area-Service Unit-Facility Codes SCB	
211	AUTHORIZATION NUMBER FROM PURCHASE ORDER	Authorization number derived from CHS PO number	7		
212	PROVIDER'S EMPLOYER ID	Provider (EIN) number	10		
213	CHS DISCHARGE CODE	Discharge code for this hospital visit	1	CHS Inpatient Disposition Codes APP	
214	PAYMENT STATUS CODE	Payment code	1	1 = Fully paid by IHS; 2 = Partially paid by IHS	
215	CLAIM NUMBER	Claim Number	10		
216	CPT CODE (1)	Current Procedural Terminology Procedure code 1	5	NSC	

Field Number	Logical Field Name	Short Description	Max Length	Valid Values	Format
217	CPT CODE (2)	Current Procedural Terminology Procedure code 2	5	NSC	
218	CPT CODE (3)	Current Procedural Terminology Procedure code 3	5	NSC	
219	CPT CODE (4)	Current Procedural Terminology Procedure code 4	5	NSC	
220	CPT CODE (5)	Current Procedural Terminology Procedure code 5	5	NSC	
221	CPT CODE (6)	Current Procedural Terminology Procedure code 6	5	NSC	
222	CPT CODE (7)	Current Procedural Terminology Procedure code 7	5	NSC	
223	CPT CODE (8)	Current Procedural Terminology Procedure code 8	5	NSC	
224	CPT CODE (9)	Current Procedural Terminology Procedure code 9	5	NSC	
225	CPT CODE (10)	Current Procedural Terminology Procedure code 10	5	NSC	
226	CPT CODE (11)	Current Procedural Terminology Procedure code 11	5	NSC	
227	CPT CODE (12)	Current Procedural Terminology Procedure code 12	5	NSC	
228	CPT CODE (13)	Current Procedural Terminology Procedure code 13	5	NSC	
229	CPT CODE (14)	Current Procedural Terminology Procedure code 14	5	NSC	
230	CPT CODE (15)	Current Procedural Terminology Procedure code 15	5	NSC	
231	CPT CODE (16)	Current Procedural Terminology Procedure code 16	5	NSC	
232	CPT CODE (17)	Current Procedural Terminology Procedure code 17	5	NSC	
233	CPT CODE (18)	Current Procedural Terminology Procedure code 18	5	NSC	
234	CPT CODE (19)	Current Procedural Terminology Procedure code 19	5	NSC	
235	CPT CODE (20)	Current Procedural Terminology Procedure code 20	5	NSC	
236	CPT CODE (21)	Current Procedural Terminology Procedure code 21	5	NSC	
237	CPT CODE (22)	Current Procedural Terminology Procedure code 22	5	NSC	
238	CPT CODE (23)	Current Procedural Terminology Procedure code 23	5	NSC	
239	CPT CODE (24)	Current Procedural Terminology Procedure code 24	5	NSC	
240	CPT CODE (25)	Current Procedural Terminology Procedure code 25	5	NSC	

Appendix C: Other IHS-Specific Code Sets

Provider Affiliation Codes

As of 4/15/2004

These codes describe the type of organization with which a Provider of services is affiliated.

Code	Provider Affiliation Description
1	IHS
2	CONTRACT
3	TRIBAL
4	STATE
5	MUNICIPAL
6	VOLUNTEER
7	NTL HLTH SRV CRP
8	NON-IHS
9	OTHER

Service Category Codes

As of 4/15/2004

These codes describe the category of medical service provided.

Code	Service Category Description
A	AMBULATORY
C	CHART REVIEW
D	DAILY HOSPITALIZATION DATA
E	EVENT (HISTORICAL)
H	HOSPITALIZATION
I	IN HOSPITAL
N	NOT FOUND
O	OBSERVATION
R	NURSING HOME
S	DAY SURGERY
T	TELECOMMUNICATIONS
X	ANCILLARY PACKAGE DAILY DATA

State Codes Cross-Reference

As of 3/1/2004

These codes define a state, territory, or country. This table cross-references the official United States Postal Service (USPS) Code and the internal IHS-specific Code.

N/A = not applicable

State/Territory/Country Name	USPS Code	IHS Code
ALABAMA	AL	01
ALASKA	AK	02
ALBERTA	AB	75
ARIZONA	AZ	04
ARKANSAS	AR	05
BRITISH COLUMBIA	BC	77
CALIFORNIA	CA	06
CANADA	N/A	96
COLORADO	CO	08
CONNECTICUT	CT	09
DELAWARE	DE	10
DISTRICT OF COLUMBIA	DC	11
FLORIDA	FL	12
GEORGIA	GA	13
GUAM	GM	73
HAWAII	HA	15
IDAHO	ID	16
ILLINOIS	IL	17
INDIANA	IN	18
IOWA	IA	19
KANSAS	KS	20
KENTUCKY	KY	21
LOUISIANA	LA	22
MAINE	ME	23
MANITOBA	MB	80
MARYLAND	MD	24
MASSACHUSETTS	MA	25
MEXICO	N/A	97
MICHIGAN	MI	26
MINNESOTA	MN	27
MISSISSIPPI	MS	28
MISSOURI	MO	29
MONTANA	MT	30
NEBRASKA	NE	31
NEVADA	NV	32
NEW BRUNSWICK	NB	82



State/Territory/Country Name	USPS Code	IHS Code
NEW HAMPSHIRE	NH	33
NEW JERSEY	NJ	34
NEW MEXICO	NM	35
NEW YORK	NY	36
NEWFOUNDLAND	NF	83
NORTH CAROLINA	NC	37
NORTH DAKOTA	ND	38
NORTHWEST TERRITORIES	NT	85
NOVA SCOTIA	NS	87
NUNAVUT	NU	88
OHIO	OH	39
OKLAHOMA	OK	40
ONTARIO	ON	90
OREGON	OR	41
PENNSYLVANIA	PA	42
PRINCE EDWARD ISLAND	PE	91
PUERTO RICO	PR	72
QUEBEC	PQ	92
RHODE ISLAND	RI	44
SASKATCHEWAN	SK	93
SOUTH CAROLINA	SC	45
SOUTH DAKOTA	SD	46
TENNESSEE	TN	47
TEXAS	TX	48
UNITED KINGDOM/ENGLAND	UK	70
UNKNOWN	N/A	99
UTAH	UT	49
VERMONT	VT	50
VIRGIN ISLANDS	VI	78
VIRGINIA	VA	51
WASHINGTON	WA	53
WEST VIRGINIA	WV	54
WISCONSIN	WI	55
WYOMING	WY	56
YUKON TERRITORY	YT	94



Visit Exam Codes

As of 4/15/2004

These codes describe the type of exam/measurement performed on the patient. Where applicable, the corresponding CPT code is listed.

Code	Visit Exam Description	CPT Code
01	GENERAL EXAM	
02	EAR EXAM	
03	EYE EXAM - DIABETIC	
04	MOUTH EXAM	
05	NECK EXAM	
06	BREAST EXAM	
07	CHEST EXAM	
08	HEART EXAM	
09	ABDOMEN EXAM	
10	HERNIA EXAM	
11	NEUROLOGICAL EXAM	
12	ORTHO EXAM	
14	RECTAL EXAM	
15	PELVIC EXAM	57410
16	GENERAL DEVELOPMENT EXAM	
17	HEARING EXAM	92506
18	EYE MUSCLE BALANCE EXAM	
19	VISION EXAM	92081
20	SEX DEVELOPMENT EXAM	
21	OTO EXAM	92502
22	DIABETIC EXAM	
23	AUDIOMETRIC SCREENING	92551
24	AUDIOMETRIC THRESHOLD	92552
25	TYMPANOGRAM	92567
26	TONOMETRY	92100
27	SCOLIOSIS SCREENING	
28	DIABETIC FOOT EXAM, COMPLETE	
29	DIABETIC FOOT CHECK	
30	DENTAL EXAM	
31	AUDITORY EVOKED POTENTIAL	92585
32	FOOT EXAM - GENERAL	
33	EYE EXAM - GENERAL	
34	INTIMATE PARTNER VIOLENCE	

Visit Type Codes

As of 4/15/2004

These codes describe the type of facility visited.

Code	Visit Type Description
6	TRIBE-638 PROGRAM
C	CONTRACT
I	IHS
O	OTHER
P	TRIBE-COMPACTED TRIBAL PROGRAM
S	STATE
T	TRIBE-NON 638/NON-COMPACT
U	URBAN CLINIC
V	VA



Appendix D: File Samples

For easier readability of these examples,

- bold dots (.) represent empty fields or unused bytes within fields
- underscore (_) represents the space delimiter between fields

All fields, even numerics, are treated as left-justified, space-filled character fields.

Registration Data Example

```
123450000000003_20001201_20040220_I_661810_123456_DR....._ABLE....._BAKER.....  
_CHARLIE....._JR....._19350116_20040220_187.8_M_123456789_01_024_2_0412095_19750201_1  
234.S.MAIN....._PHOENIX....._AZ_12345_1234_ABLE....._BAKER.....  
....._CHARLIE....._LIDA....._ROSE....._DELTA....._C_Y_MC  
R_A....._20000201_20040220_123456789A.....  
....._ABLE....._BAKER....._CHARLIE....._SELF....._MCR_B...  
....._20000201_20040220_123456789A.....  
....._ABLE....._BAKER....._CHARLIE....._SELF....._PVT_PRIVATE.I  
NSURANCE....._19750201_20040220_996375....._DELTA.DENTAL....._0010  
20003_.._ABLE....._BAKER....._CHARLIE....._SELF.....  
.....  
.....  
.....  
.....
```

Encounter Data Example

```
123456444455557_404101_123456_19950412_F_234567890_022_4041537_01_20040415_404101_I_A_06_100_  
603_..._..._345678901234567_N_20040420_20040420_801..._2_E881.0_B.....  
.....  
....._04_4....._2_20040422_1_3....._1.....  
....._N....._150_110_N_Y_210....._N_98....._N....._N....._N....._N.....  
....._N_1_22_.._.....  
.....  
....._90655.....  
.....
```